

**South Carolina**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Post Office Box 8206**  
**Columbia, South Carolina 29202-8206**  
[www.dhhs.state.sc.us](http://www.dhhs.state.sc.us)  
June 30, 2010

Dent  
MC

# MEDICAID BULLETIN

**TO: All Dental Providers**

**SUBJECT: Implementation of the Dental Administrative Service Organization (ASO)**

Effective August 2, 2010, the South Carolina Department of Health and Human Services (SCDHHS) will transfer the administration of the South Carolina Healthy Connections Dental Program to DentaQuest, an Administrative Service Organization (ASO). DentaQuest has been charged with reducing the administrative burden on dental providers, improving utilization management and implementing waste, abuse and fraud prevention procedures.

The SCDHHS bulletin, dated May 3, 2010, provided information on changes in the Dental Program with the implementation of the ASO process. This bulletin provides further clarification and revisions in SCDHHS policy and guidelines for the Dental Program.

**Program Transition Overview**  
**Effective August 2, 2010:**

- SCDHHS data related to the processing of dental claims will be transferred to DentaQuest
- All Dental provider questions must be directed to the South Carolina DentaQuest Office at:
  - 888-307-6553  
(Monday through Friday from 8:00am to 6:00pm) or
  - The DentaQuest web portal at [www.DentaQuest.com](http://www.DentaQuest.com).

**The Dental Office Reference Manual (ORM) is replacing the South Carolina Medicaid Dental Manual. The ORM Table of Contents includes the following:**

**Section 1-What is Healthy Connections?**

**Section 2-Beneficiary Eligibility Criteria and Verification Process**

**Section 3-Authorization for treatment**

- Effective August 2, 2010, requirements for Prior Authorization (PA) of dental procedures have been revised to require review of specified procedure codes by DentaQuest for medical necessity prior to payment for the rendered services. These procedures require submission of proper documentation for adjudication of the claim.
- See columns entitled "Review Required" and "Documentation Required" in the Benefit Table (Exhibits A, B, and C) of the Dental ORM to identify procedures requiring review and the documentation required for claim submission when pre-payment review is necessary.
- PA is required for dental services scheduled to be rendered in a Hospital (other than an emergency situation) or Ambulatory Surgical Center (ASC) facility.
- Authorization requests for Hospital or ASC services must be submitted to DentaQuest with appropriate documentation no less than 15 days prior to the date of treatment.

- **Please Note:** Treatment cases currently scheduled to be performed in a hospital facility or ASC facility through August 31, 2010, will not require a PA. Effective with dates of service on and after September 1, 2010, a PA will be required for Hospital or ASC cases.

#### **Section 4—Claims Submission Procedures (Claims Filing Options)**

- Submission of claims, verification of eligibility, review of claims status and access to remittance advice documents will be available only through the DentaQuest web portal.
- All Dental Claims will be submitted to DentaQuest for weekly adjudication through the DentaQuest Web Portal, via electronic submission or by paper claims (forms: standardized ADA, CMS-1500).
- Completion of the ADA claim form will be standard as with commercial insurance companies.
- The SCDHHS web-tool will not be available after July 16<sup>th</sup> at 11:00pm EST. Additional information regarding this transition is forthcoming.

#### **Third Party Liability**

- Under Federal guidelines, Medicaid is the payer of last resort.
- Providers are required to submit claims to any known third party coverage organization (Primary Payer) before submitting to DentaQuest.
- Exception: Providers submitting claims for EPSDT must check the appropriate box on the claim form to indicate EPSDT. If checked, the claim will process as pay and chase, regardless of the policy indicator. If not checked, the policy indicator will determine if the claim is pay and chase or cost avoid.
- Providers will have access to known healthcare coverage other than Medicaid, including Medicare coverage, when verifying eligibility through the DentaQuest Web portal or Interactive Voice Response (IVR) system.
- Federal guidelines mandate that procedures filed on the CMS 1500 claim form for beneficiaries that are dually enrolled in Medicare and Medicaid must be filed to Medicare first (even if the procedure is known to be non-covered by Medicare) before filing to Medicaid. Failure to file to Medicare first will result in denial of the claim. Dental Procedures filed on the ADA Dental claim form are not subject to this Federal guideline.

#### **Provider Reimbursements**

- SCDHHS will retain the responsibility of issuing provider reimbursement checks on a weekly basis for electronic transfer to the provider account.
- During the transition to the DentaQuest processing system, there will be an interruption in the payment schedule of up to three weeks as DentaQuest begins the claims adjudication process and SCDHHS issues the payments. The transition will be executed as quickly and smoothly as possible to minimize interruption of the payment schedule.

#### **Section 5-Health Insurance Portability and Accountability Act (HIPAA)**

#### **Section 6-Grievances and Appeals**

#### **Section 7-Utilization Management Program**

#### **Section 8-Quality Improvement Program (Policies 200 Series)**

#### **Section 9-Provider Enrollment**

- SCDHHS will retain responsibility for enrolling providers and maintaining the provider files.

- If providers wish to update their provider information, they should contact Medicaid Provider Enrollment at:

Medicaid Provider Enrollment  
PHONE: 803-264-1650  
FAX: 803-699-8637  
MAIL: Medicaid Provider Enrollment  
Post Office Box 8809  
Columbia, SC 29202-8809

**Appendix A-Definitions/Attachments**

**Appendix B-Covered Benefits**

**Appendix C-Clinical Criteria**

**Appendix D-Recommendations/Suggestions**

**Exhibit A-South Carolina Benefit Plan for Children**

**Exhibit B- South Carolina Benefit Plan for Adults/Emergency Services Only**

**Exhibit C- South Carolina Benefit Plan for MR/RD Waiver Beneficiaries Only**

SCDHHS appreciates the cooperation and patience of dental providers as we make the transition to partner with DentaQuest in creating a more streamlined and provider friendly dental program.

Your continued support of the South Carolina Medicaid program is appreciated. Prior to August 2<sup>nd</sup>, please refer any questions or concerns regarding this bulletin to the SCDHHS Dental staff at (803) 898-2568.

/S/  
Emma Forkner  
Director

EF/hhmc

**Note:** To receive Medicaid bulletins by email, please register at <http://bulletin.scdhhs.gov/>.  
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT) for instructions.